



(Updated)

ARIZONA NEWBORN SCREENING REPORT

Date : 07/21/2010
Infant's Name :
Date of Birth : 06/14/2010 @ 09:46
Date of Collection : 06/15/2010 @ 12:00
Date Received : 06/21/2010
Mother's Name :
Address :
City/St/Zip :
Phone :
Physician :
Submitter :

Specimen Type* : First Unsat
Lab Number : 2010172
Patient Number : 2010172
Medical Record :
Sex : Male
Race : Asian
Birth Weight :
Transfused : NP*
Date Transfused+ :
Kit Number :

*NP = Not Provided

SCREENING RESULTS

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Specimen Unsatisfactory For Testing

Unsatisfactory specimen due to multiple specimen applications. Please send another newborn screening sample as soon as possible.

Resubmit Another Newborn Screening Specimen Promptly

***Effective 9/28/09: Please note that birthweight ranges and cut-offs for CAH have been changed. Please refer to our website, www.aznewborn.com, for more information.

*A second screen is required for all babies born in Arizona. If this specimen is the FIRST SCREEN, please collect an additional specimen between five and ten days of age or at the first provider visit after discharge from the hospital

+ Unless transfusion is marked, the assumption is that the infant has not been transfused

The purpose of the Arizona Department of Health Services Newborn Screening Program is to identify infants at increased risk for a variety of disorders. Since this is a screening test, the possibility of a false positive or negative result must be considered. The test may need to be repeated and diagnosis confirmed or ruled out by additional specialized studies.